PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09773736

CLAIMS AS FILED - PART I (Column 1)						(Column 2) SMALL ENTITY TYPE TYPE				OTHER THAN OR SMALL ENTITY		
то	TAL CLAIMS		29				ſ	RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	· 710.00
TO	FAL CHARGEA	BLE CLAIMS	54 minus 20=		• 34			X\$ 9=		OR	X\$18=	6120
IND	EPENDENT CL	AIMS	7 minus 3 =		• 4			X40=		OR	X80=	320·U
MULTIPLE DEPENDENT CLAIM PRESENT						U		+135=	·	OR	+270=	2700
* If the difference in column 1 is less than zero, enter					r "0" in c	olumn 2	į	TOTAL		OR	TOTAL	1912-
CLAIMS AS AMENDED - PAI					T II	(Column 3)		SMALL 8	ENTITY	OR	OTHER SMALL	THAN
	10101	(Column 1) CLAIMS		HIGH	EST		Γ		ADDI-			ADDI-
AMENDMENT A		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	DUSLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
NOME	Total	. 31.	Minus	•• 5	4	=		X\$ 9=		OR		
AMEI	Independent	• 6	Minus	***	7	= 4		X40=		OR	X80=	. · · · · · · · · · · · · · · · · · · ·
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=		OR	+270=	
								TOTAL ADDIT, FEE		OR	TOTAL ADDIT, FEE	7
13	12-15-03 (Column 1) (Column 2) (Column 3)											
		(Column 1) CLAIMS REMAINING		FIIGI NUM	HEST MBER	PRESENT	ſ	RATE	ADDI- TIONAL		RATE	ADDI- TIONAL
E		AFTER AMENDMENT			FOR	EXTRA		TAIE	FEE		MAIL	FEE
AMENDMENT B	Total	. 42	Minus	••	54	=		X\$ 9=		OR	X\$18=	
N N	Independent	. 8	Minus	***	7	= /		X40€		OR	X80=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							1	+135=		OR	+270=	
				•			ı	TOTAL			TOTAL	
, ا	1711214							ADDIT. FEE		OR	ADDIT. FEE	L
	17 - (0)	(Column 1)			mn 2) HEST	(Column 3)	١.					
AMENDMENT C		REMAINING AFTER AMENDMENT		NUA PREVI	MBER HOUSLY FOR	PRESENT 'EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
N N	Total	. 42	Minus	**	57	= -		X\$ 9=		OR	X\$18=	
ME	Independent	. 8	Minus	***	8	= /		X40=		OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							405			+270=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								+135=		OR	TOTAL	
	If the "Highest N	mber Previously f	Paid For IN THI	S SPACE	is less th	an 20, enter "20 an 3 enter "3"		ADDIT. FEE	L	OR	ADDIT. FEE	
""If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

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E-DETERMINATION TIEGOTIE		Ti and the second secon		
ctober 1, 2001	09/	717	.77	6

CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER THAN	
			(Column	1)	(Colu	mn 2)		TYPE [OR	SMALL	
TOTAL CLAIMS								RATE	FEE	1	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		? <u>~~~</u>	BASIC FEE	370.00	OR	BASIC FEE	740.00
TO	TAL CHARGE	ABLE CLAIMS	minus 20=		*			X\$ 9=		OR	X\$18=	
IN	DEPENDENT C	LAIMS	minus 3 =		*			X42=		OR	X84=	
MU	JLTIPLE DEPEN	NDENT CLAIM P	RESENT					+140=		OR	+280=	*
* (1	the difference	in column 1 is	less than ze	ero, enter	r "0" in c	olumn 2	-	TOTAL		OR	TOTAL	
10	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								ENTITY	OR	OTHER SMALL I	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Š	Total	* 21	Minus	**	57	=		X\$ 9=		ÖR	X\$18=	
AM	Independent FIRST PRESE	* \$	Minus ULTIPLE DEI	*** PENDENT	CLAIM	-		X42≃		OR	X84=	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=.		OR	+280=	
								TOTAL ADDIT, FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colur	nn 2)	(Column 3)						
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***		=		X42=		OR	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPE				CLAIM		1		- 4			
							į	+140=		OR	+280=	
						-	. /	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
<u>.</u>	The second secon	(Column 1)		(Colun		(Column 3)		.				
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	e (ISE)	HIGH NUME PREVIO PAID I	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	*	Minus	**		= .		X\$ 9=		OR	X\$18=	
AME	Independent	* NTATION OF MI	Minus	***	CLAIM			X42=		OR	X84=	
ب	THOTFILSE	NIAHON OF MI	JUITE DEF	ENDEM	CLAIN		1	+140=		OD	+280=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	TOTAL	
. ***	f the "Highest Nu	mber Previously Pa	aid For" IN THI	S SPACE is	s less than	n 3, enter "3."		ODIT. FEE			ADDIT. FEE	
•	The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											